

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 3	
3 COMMITTEE NAME PARTNERS IN PROGRESS 2004				OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5845 CROMO EL PASO TX 79912			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI MR. RUBEN E. NICKNAME LAST SUFFIX GUERRA			
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5845 CROMO EL PASO TX 79912			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5845 CROMO EL PASO TX 79912			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (915) 760-5551			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year 1 / 2 / 04 THROUGH 1 / 8 / 04			
11 ELECTION		ELECTION DATE Month Day Year 2 / 7 / 04 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special			

GO TO PAGE 2



SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE
NAME

PARTNERS IN PROGRESS 2004

ACCOUNT #
(Ethics Commission filers)

13 COMMITTEE
PURPOSE

(Attach lists on plain
paper to complete this
report if necessary.)

☐ CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

☒ SUPPORT
(Candidate or Measure)

☐ OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

☐ OPPOSE
(Candidate or Measure)

☐ ASSIST
(Officeholder)

☒ MEASURE

BALLOT IDENTIFICATION / #

AMENDMENTS 1-6
PROPOSITIONS 1-11

ELECTION DATE
Month Day Year

2 / 7 / 04

DESCRIPTION

EL PASO CITY CHARTER AMENDMENTS AND
GENERAL OBLIGATION BOND ELECTION

14 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,000.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ -

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF THE REPORTING PERIOD

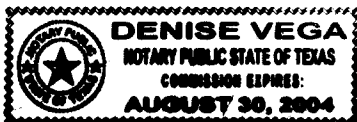
\$ 1,000.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ -

15 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying
report is true and correct and includes all information required to be
reported by me under Title 15, Election Code.

Ruben E. Guerra

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ruben E. Guerra, this the 6th day
of Jan, 2004, to certify which, witness my hand and seal of office.

Denise Vega
Signature of officer administering oath

Denise Vega
Printed name of officer administering oath

notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 1

2 FILER NAME

PARTNERS IN PROGRESS 2004

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/5/04

5 Full name of contributor

☐ out-of-state PAC (ID#)SUSAN F. AUSTIN

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

6205 PINEHURST EL PASO TX 79912

CITY CLERK'S DEPARTMENT
JAN 8 PM 3 12

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.